

Stericycle®

*Experts in Infection Control and
Healthcare Compliance Services*

February 13, 2008

Dennis Downs, Director
Utah Department of Environmental Quality
Division of Solid and Hazardous Waste
288 North 1460 West
P.O box 144880
Salt Lake City, Utah 84114-4880

RECEIVED
FEB 15 2008
UTAH DIVISION OF
SOLID & HAZARDOUS WASTE
08.00619

Subject: Stericycle Annual Processing Report

Dear Mr Downs:

Please find enclosed, Stericycle's Solid Waste Incinerator Annual Report for the calendar year of 2007. In addition please review the enclosed copy of our training roster for the review.

Please contact me at (801) 936- 1171 if you have any questions regarding this report.

Sincerely

Steven McOmber
Area Manager Environmental, Health and Safety

Cc. Neal Beenenga – Stericycle District Manager

Stericycle, Inc.

90 North 1100 West North Salt Lake, Utah 84054 Phone (801) 936-1171 Fax (801) 936-5891 www.stericycle.com

Mail to:
Dennis R. Downs, Director
Division of Solid and Hazardous Waste
P.O. Box 144880
Salt Lake City, Utah 84114-4880

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www.hazardouswaste.utah.gov FEB 15 2008

SOLID WASTE INCINERATOR ANNUAL REPORT
For Calendar year 2007 or most recent fiscal year

UTAH DIVISION OF
SOLID & HAZARDOUS WASTE

08.00619

Administrative Information (Please enter all the information requested below - type or print legibly)

Facility Name: **Stericycle Inc**
Facility Mailing Address: 90N 1100 W
(Number & Street, Box and/or Route)
City: North Salt Lake Zip Code: 84054
County: Davis County

Owner

Name: **Stericycle Inc** Phone No.: ()
Mailing Address: 28161 North Keith Dr
(Number & Street, Box and/or Route)
City: Lake Forest State: IL Zip Code: 60045
Contact's Name: Steven McOmber Title: AMESH
Contact's Mailing Address: 90 N 1100 W NSL, UT 84054
Phone No.: (801)330-1758 Contact's Email Address: smcomber@stericycle.com

Operator (Complete this section only if the operator is not an employee of the Owner shown above)

Name: Phone No.: ()
Mailing Address:
(Number & Street, Box and/or Route)
City: State: Zip Code:
Contact's Name: Title:
Contact's Mailing Address:
Phone No.: () Contact's Email Address:

Facility Type and Status

Large Incinerator ☒
Capacity greater than ten tons per day

Small Incinerator ☐
Capacity less than ten tons per day but greater
than 250 pounds per week

Permit Not Required ☐
Capacity Less than 250 pounds per week

☒ Currently in Operation

☐ Closed - Date: _____
(The "Closed - Date" is the date that all waste and ash were removed from the site)

Waste Incinerated

Waste Type	Total tons received at facility for incineration:		Total	Measurement	
	In-State	Out-of-State		Tons	Cubic Yards
Municipal				<input type="checkbox"/>	<input type="checkbox"/>
Industrial Medical Waste	448	7050	7498	<input checked="" type="checkbox"/>	<input type="checkbox"/>

¹C/D waste includes all waste going to a Class IV or VI landfill

Ash Disposal

Tons of ash disposed: 2438.70

Facility at which ash was disposed: Davis County Land Fill

Recycling

Tons Recycled: N/A

or

(Should not be included in the tons disposed above also excludes waste diverted to compost. Compost should be reported on separate form.)

Cubic Yards Recycled: N/A

Fee Paid to the Utah Department of environmental Quality

Disposal Fee Required to be paid to State Yes ☒ No ☐

Fee Paid	Municipal	\$	C/D	\$
	Industrial	\$ 106,067.50	Annual	\$
<i>medical waste Bottom ASH</i>				

Financial Assurance

Current Closure Cost Estimate: 329,605.00

Current Post-Closure Cost Estimate: 329,605.00

Current Financial Assurance Mechanism: Bond

(ie. Bond, Trust Fund, Corporate or government Test etc.)

Financial Assurance Mechanism Holder: Lexon Insurance Co

(ie. Name of Bond Company, Bank etc.. If PTIF Account give account number)

Current Amount or Balance in Mechanism: 316,928.00

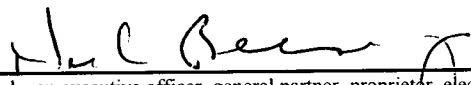
Financial Assurance: Each facility must recalculate the cost of closure to account for inflation and design changes each year. The inflation factor can be found on the Division web page. Facilities that are using a trust account should include a copy of the most recent account statement.

Note Facilities using "Local Government Financial Test" or the "Corporate Financial Test" must provide the information required in R315-309-8(4) or R315-309-9(3) each year.

Other Required Reports

Training Report: A report of all training programs or procedures completed by facility personnel during the year.

Signature:



Date: 02/14/08

Signature should be by an executive officer, general partner, proprietor, elected official, or a duly authorized representative. A duly authorized representative must meet the requirements of the solid waste rules (UAC R315-310-2(4)(d)).

Print name: Steven McOmber

Title: AMESH

TABLE 1 – LIST OF COURSES

(Unless noted, all topics are completed prior to an employee beginning work and annually thereafter.)

TRAINING TOPIC	Driver	Trans Manager	Plant/ Operator/ Lead	Plant Manager	Maintenance Technician
Access to Exposure and Medical Records	X	X	X	X	X
Accident and Injury Reporting	X	X	X	X	X
Backing Procedures	X	X			
Bloodborne Pathogens	X	X	X	X	X
DOT Alcohol/Controlled Substance Abuse	X	X			
DOT Hazardous Materials**	X	X	X	X	X
Emergency Action Plan	X	X	X	X	X
Eye Wash and Emergency Shower			X	X	X
Fire Extinguishers	X	X	X	X	X
Forklift Training and Certification*	1	1	1	1	1
Hand and Power Tools*					X
Hazard Communication	X	X	X	X	X
Hazardous Waste Management			4	4	4
Hours of Service	X	X			
Incinerator Operator			4	4	4
Ladder Use and Inspection			X	X	X
Lockout / Tagout – Affected	X	X	X	X	2
Machine Guarding*					X
Permit Required Confined Spaces – Affected	X	X	X	X	3
Personal Protective Equipment – PPE	X	X	X	X	X
Proper Lifting	X	X	X	X	X
Radiation Training	X	X	X	X	X
Respiratory Protection	4	4	4	4	4
Slip, Trip and Fall	X	X	X	X	X
Spill Response	X	X	X	X	X
Tub Wash Water Training			X	X	X
Vehicle Condition Reports	X	X			
Waste Acceptance Protocol	X	X	X	X	

* Complete Training Within 30 Days of Date of Hire

** Complete Training Within 90 Days of Date of Hire

1 Forklift Training must be completed within 30 Days of Date of Hire for required personnel and prior to driving, Refresher Training will be conducted triennially

2 Lockout / Tagout – Authorized is required within 10 days of Date of Hire for required personnel

3 Permit Required Confined Space – Authorized is required 10 Days of Date of Hire for required personnel

4 Where applicable